CENTE	TMENT OF HEALTH	& MED	DICAID SERVICES	45	<u>A</u>	4	2/0+///		FORM	04/25/2011 APPROVED 0938-0391
AND PLAN (	F OF DEFICIENCIES OF CORRECTION	(X1) PRO IDE	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	10 W	MULTIPLI ILDING	E CONST	RUCTION /		(X3) DATE SU COMPLE	
			445422	B, WII	NG			_	04/2	0/2011
	ROVIDER OR SUPPLIER	ITER			409	GRADY	ESS, CITY, STATE, ROAD, PO BOX TN 37331			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE	OF DEFICIENCIES E PRECEDED BY FULL IFYING INFORMATION)	ID PREF TAG		(EA	PROVIDER'S PLAN CH CORRECTIVE SS-REFERENCED T DEFICII	ACTION SHO	ULD BE	(X5) COMPLETION DATE
SS=D	on April 20, 2011. I related to complaint 42 CFR Part 483, R Care Facilities. Det complaint investigat 483.10(b)(11) NOTI (INJURY/DECLINE)  A facility must immed consult with the resist known, notify the reor an interested famaccident involving the injury and has the printervention; a significantly (i.e., a rexisting form of treat consequences, or to treatment); or a decreatment); or a decreatment); or a decreatment in the §483.12(a).	cation s 5 and # No defice investive dequirer ficiencies ficiencie	gation #27888 under ments for Long Term es were cited related to 2025. CHANGES , ETC) inform the resident; chysician; and if legal representative mber when there is an ent which results in for requiring physician mange in the resident's social status (i.e., a stal, or psychosocial ing conditions or leed to alter treatment discontinue an lue to adverse ence a new form of transfer or discharge		157	resecution of the property of	LAIMER: "Pretion of this plan onstitute admissing to receive and/or executed and and/or executed and and and and and and and and and an	ction(s) we those resident #1 l due to ed to diagr	on does ment by cts the n is because of the dents by the sken 3	5/27/11
	or interested family in change in room or respecified in §483.15 resident rights under regulations as specified this section.  The facility must rec	membe comma (e)(2); Federa fied in p	r when there is a te assignment as or a change in al or State law or paragraph (b)(1) of							
BUKATURY	DIKECTOR'S OR PROVIDE	R/SUPPL	IER REPRESENTATIVE'S SIGN	ETURE 7	/on	to	VHA	_		S/3/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

### PRINTED: 04/25/2011 DEPARTMENT OF HEALTH AND HUI SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445422 04/20/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ETOWAH HEALTH CARE CENTER 409 GRADY ROAD, PO BOX 957 ETOWAH, TN 37331 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 157 Continued From page 1 F 157 the address and phone number of the resident's legal representative or interested family member. How will you identify other residents having the potential to be affected by the same deficient This REQUIREMENT is not met as evidenced practice and what corrective by: action will be taken: Based on medical record review, review of facility policy, and interview, the facility failed to notify the Current residents of the facility have physician for a change in condition and a responsible party's request for transfer to the the potential to be affected by the same deficient practice. The hospital for one resident (#13) of twenty residents reviewed. Director of Nursing will provide in service education to the licensed The findings included: nursing staff on May 13, 2011 on the importance of notifying the Resident #13 was admitted to the facility on primary care physician with any October 17, 2007, with diagnoses including changes in condition. Nurse

October 17, 2007, with diagnoses including Pleural Effusion, Seizure Disorder, Huntington's Chorea, and was discharged to the hospital on October 26, 2010. The resident was readmitted to the facility on November 3, 2010, and expired on February 25, 2011.

Medical record review of s nurse's note dated October 10, 2010, revealed "...Temp: 97.6...Family reported to (staff) a sore on resident (right) foot. On assessment resident has open area on (right) great toe, 0.5 cm (centimeter) (and) 2nd toe 0.02 x 0.1 red inflamed area...Notified (named physician)..."

Medical record review of a physician's order dated October 10, 2010, revealed "Clean on (right) foot areas (right) great toe (and) 2nd digit knuckle (with) NS (normal saline) apply betadine daily until healed."

Medical record review of a nurse's note dated October 11, 2010, revealed "...Temp: 97.5...tx

Current residents of the facility have the potential to be affected by the same deficient practice. The Director of Nursing will provide in service education to the licensed nursing staff on May 13, 2011 on the importance of notifying the primary care physician with any changes in condition. Nurse managers will conduct an audit of current resident charts reviewing the last 60 days of nurse's notes for proper physician notification of any changes in condition. Nurse managers will review the 24-hour report and telephone orders for any significant changes in resident's condition. The nurse managers will compare the findings on the 24 hour report to that of the documentation in the medical record for proper physician notification.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TNDS11

Facility ID: TN5405

If continuation sheet Page 2 of 14

# DEPARTMENT OF HEALTH AND HU. I SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY ETED
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(X4) ID PREFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 157	(treatment) cont (codigit (toe) red (and) physician) notified of touch swollen, red, area on knuckle. N time 12:30 p.m. (n N/O (new order) Seper tube x 7 days'  Medical record revied dated October 12, 2 (discontinue) Septra (milligrams) 1 per tubes (milligrams) 1 per tubes (Responsible party) to (Responsible party) to (responsible party) to was the same thing (responsible party) (re (regarding) infection again area is complessed). One small (lesponsible party) to hospital. After explathe toe had improved cont to insist on send	entinues) to (right) foot 2nd inflamed1130 (named of right second toe warm to tender to touch, ulcerated onew orders at this amed physician) returned call ptra DSBID (twice a day)  ew of a physician's order 2010, revealed "D/C a (new order) Cipro 250mg abe BID"  ew of a nurse's note dated evealed, "Temp as (continues) for infection to carty) (named) here this shift. sident's toe. Statedwanted the hospital because hough. Explained to that all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"  ew of a nurse's note dated evealed "Temp: 97.0 and all the hospital could do we were doing"	F 157	What measures will place or what system you will make to endeficient practice do 1. The Director of Nay 13, 2011. It education will incomportance of physical properties of the licensed nurs of the l	mic changes sure that the pes not recur: Nursing will e education to ing staff on in-service clude the ysician any change in cumenting any tion in the 24- sttest will be service to ncy. vill receive sician pdating the th any changes lition during	5/27/11

# DEPARTMENT OF HEALTH AND HU. 1 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	PROVIDER OR SUPPLIER  H HEALTH CARE CEN		4	REET ADDRESS, CI 109 GRADY ROAD ETOWAH, TN 3		04/2	.0/2011
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	Medical record revie October 26, 2010, r party)here at press (right) foot 2nd digit Insist on sending (reroom) call placed to order) send to (name Medical record revier report dated October of Consultation: 10% developed a chronic past few monthss wound carethe paimprove. The patien culture which turned Staphylococcus auruwas positive for oste moved to the hospita (intravenous) antibio patient will most like due to the significant toerecommend su second toe right foot if family agrees, for the amputationdeferre Review of facility pol revealed "Notify the any changes in condition of the (to send the resident to sen	ew of a nurse's note dated evealed "(responsible ent. Conts to be upset re. States it is still infected. esident) to the ER (emergency (named physician). (new ed hospital)"  ew of the hospital consultation er 26, 2010, revealed "Date 31/10The patient has ewound on the toe during the ubsequently treated with local tient has continued not to not eventually had wound up methicillin-resistant eushad a bone scan which comyelitis on 10/29/10was all and started on IV eticsTreatment/PlanThe lay not heal with IV antibiotics to contracture of the regical amputation of the existence of the regical amputation of the existence of the regical emputation of the empty of the regical empty of the regi	F 157	the pring any change orders the residue the 24-form where the document of the condition or any factories any add up/phys required will have	narge nurses will no mary care physiciar ange in condition. es in condition/new will be documented ident's chart and also hour report. The 24 will contain a column the licensed nurse went that proper physication has occurred. nurses will review in report at shift chare e oncoming shift to f any changes in on, new orders recefollow-up required. Nurse Managers with 24-hour report fittional follow sician notification d. Any deficient fing corrective action me of discovery.	d in so in I-hour n will sician The the nge alert vived,	5   27   11

### DEPARTMENT OF HEALTH AND HU PRINTED: 04/25/2011 1 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445422 04/20/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ETOWAH HEALTH CARE CENTER 409 GRADY ROAD, PO BOX 957 **ETOWAH, TN 37331** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 157 Continued From page 4 F 157 וורבול C/O #27025 How the corrective action(s) will F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO be monitored to ensure the F 280 SS=D PARTICIPATE PLANNING CARE-REVISE CP deficient practice will not recur, i.e., what quality assurance The resident has the right, unless adjudged program will be put into place: incompetent or otherwise found to be The Director of Nursing /Assistant incapacitated under the laws of the State, to Director of Nursing will perform participate in planning care and treatment or changes in care and treatment. random monthly audits of the 24hour report for physician A comprehensive care plan must be developed notification/follow-up. Audits will within 7 days after the completion of the continue monthly times 3or until comprehensive assessment; prepared by an substantial compliance has been interdisciplinary team, that includes the attending achieved. Trends, patterns, or physician, a registered nurse with responsibility problems identified will be reviewed for the resident, and other appropriate staff in in the Quality Assurance meeting disciplines as determined by the resident's needs, held at least on a quarterly basis. and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after DISCLAIMER: "Preparation and/or each assessment. execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth of the statement of deficiencies. This plan is prepared and/or executed solely because This REQUIREMENT is not met as evidenced it is required." Based on medical record review, observation, and interview, the facility failed to revise the care plan for two (#1, #5) of twenty residents reviewed. The findings included: Resident #1 was admitted to the facility on October 27, 2010, with diagnoses including Peg Tube Placement (feeding tube), History of Throat

Cancer, History of Prostate Cancer, and Skin

## DEPARTMENT OF HEALTH AND HU SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2011 FORM APPROVED OMB NO. 0938-0391

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PF	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		MULTIPLE	E CONSTRUCTION		(X3) DATE S	
20			445422	B. WII					
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SS=D	C/O #27025 483.20(d)(3), 483.1 PARTICIPATE PLA The resident has the incompetent or othe incapacitated under participate in plannichanges in care and A comprehensive assinterdisciplinary tear physician, a register for the resident, and disciplines as determined to the extent properties of the resident, the resident, the resident plan revised by a tear and revised by a tear and revised by a tear and revised on medical reand interview, the far plan for two (#1, #5)	10(k)(2) ANNING the right, erwise to the law ing care plant the comment that the comment that the red number of the red that the red that the care plant that the comment that the red that	g CARE-REVISE CP , unless adjudged found to be ws of the State, to e and treatment or ment.  In must be developed inpletion of the ent; prepared by an includes the attending rse with responsibility appropriate staff in by the resident's needs, ble, the participation of family or the resident's periodically reviewed qualified persons after		1 2	280 What correct accomplished found to have deficient prace The care plan of updated to inclinate disciplinate address grief rohis spouse and concerns. A progrieving was accomplished of Resident #1	ive action(s) we for those residence been affected etice;  of Resident #1 lude an ry approach to elated to the lose his own health to be maddressiful ded to the care along with the loss of his alth related conformation is to be not resident is to be not enterventions updated as well dent is unable to be deside or have	vill be dents by the  was  ss of  ng e plan dent is wife ncerns. was n's NPO on the I to o have	الحاة
	The findings include Resident #1 was ad October 27, 2010, w Tube Placement (fee Cancer, History of P	mitted t vith diag eding tu	gnoses including Peg ube), History of Throat						. 8.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TNDS11

Facility ID: TN5405

If continuation sheet Page 5 of 14

## DEPARTMENT OF HEALTH AND HU SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	T OF DEFICIENCIES	/V4\ D	DOI (IDEC 101 IDEC 1	19,220,000				ON BIND	. 0938-0391
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	Cancer.  Medical record revie care plan revised or no interventions for Cancer, or the spou admission to the fact and recent death.  Interview with the re April 18, 2011, at 9: revealed the resider during the week price member revealed the admitted to the facility the spouse's away.  Observation on April 19, 2011, at 8:35 a.r resident's room, revealed the admitted to the facility the spouse's away.  Observation on April 19, 2011, at 8:35 a.r resident's room, revealed the Licensed Price and the Licens	ew of the January grieving se of collisty discidents of collists and the residents of the latter of	the resident's recent ue to decline in health that and family member on in., in the resident's room ouse had passed away erview with a family dent's spouse was incouple of months dent and while at the indeclined and passed on the indeclined and passed on the resident "resting" eyes.  In at 11:10 a.m., in the the Director of Nursing In Nurse working as the firmed the resident's ddress the resident's			All a pote defice educe Inter Tear May update curre appropers of review company are before the potential of	w will you identify other dents having the potential feeted by the same defictive and what corrective on will be taken.  current residents have the cation will be affected by the cient practice. In service ration will be provided to rdisciplinary Team/Care In by the Director of Nurse 13, 2011 on the important ting care plans that reflectent physician's orders and opriate interventions that conalized to each individual ent based on their conditions of current care plans we betted by the Interdisciplination to review that current ician's orders and interventional addressed appropriate curately.	tal to icient e same the Plan ing by nce of et lare al on. A will be nary	5/27/11
	Chronic Obstructive Bronchitis, Diabetes Medical record review	Pulmo Mellitu	onary Disease, us, and Dysphagia.						×

# DEPARTMENT OF HEALTH AND HU 1 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	Continued From page Cancer.  Medical record revise care plan revised or no interventions for Cancer, or the spoul admission to the fact and recent death.  Interview with the readpril 18, 2011, at 9:4 revealed the resider during the week price member revealed the admitted to the facility ago" to be near the facility the spouse's away.  Observation on April 19, 2011, at 8:35 a.m resident's room, revealed the Licensed Pray Acting Social Worker and exhibiting red rin Interview on April 20 social services office and the Licensed Pray Acting Social Worker current care plan did grieving process.  Resident #5 was adminovember 5, 2010, and 2011, with diagnoses Chronic Obstructive Interview Int	ew of the real January 2 grieving, do se of the resident and 50 a.m., in the street of the resident's ty a "couper resident at the alth declimated the real through the resident at the real through the real through the resident at the real through through through through through the real through throug	23, 2011, revealed ue to history of esident's recent decline in health  family member on the resident's room had passed away w with a family so spouse was ple of months and while at the ined and passed  at 1:35 p.m., April m., in the esident "resting"  1:10 a.m., in the irector of Nursing so working as the difference of the resident's so the resident's so the resident's effacility on ted on April 10, Atrial Fibrillation, Disease, and Dysphagia.		pl you de 1. pr Int Te im that or	The Director of Nursing ovide in-service educate terdisciplinary Team/Commodate and appropriate in at are personalized to edividual resident based andition. A post test will er the in-service to prompetency.  New employees participate and appropriate in the in-service to prompetency.  New employees participate education during the education during the plan with any new or erventions needed to commodate needs.	changes e that the not recur: ng will tion to the Care Plan on the care plans cian's atterventions ach on their Il be given mote  spating in will their ating the	5/20/11

## DEPARTMENT OF HEALTH AND HU | SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	dated April 10, 201 feeding formula) 24 every 4 hours via P Gastrostomy) tube. physician telephone revealed "ST (Spe (evaluation) comple wks (three times pe Continue pt (patient mouth)"  Medical record revie April 6, 2011, revea accepted food relate in roomencourage meals, hydration pa needed)keep water Observation on April 19, 2011, at 3:5 in the room with no fill the room with no fill the room with post address the NPO state 483.20(k)(3)(i) SERV PROFESSIONAL STATE The services provide must meet profession.	1, revealed "Glucerna (tube 0 ml (milliliters) bolus feeding EG (Percutanous Endoscopic" Further review of the corder dated April 12, 2011, eech Therapy) evaluated. ST to Tx (treat) 3 x wk/4 r week for four weeks) on NPO (nothing byencourage fluids with all ed activities and when visiting to po (by mouth) fluids with sees and prn (as er pitcher within reach"  1 18, 2011, at 12:25 p.m., and food or water pitcher present.  Itered Nurse #2 on April 18, and the Minimum Data Set excare plan had not been poril 10, 2011, readmission to atus.  I/ICES PROVIDED MEET TANDARDS  and or arranged by the facility and standards of quality.  It is not met as evidenced cord review, observation, w, laboratory calendar	F 281	3. The MDS Coord the care plans of reassigned to by the Care plan updates. Monday-Friday wiweekend completed Monday. The updated adding new physicing previous day to the interventions needed in condition. They plans based on currand interventions that resident based condition. The other care plans for approximate the comply with plans and interventions of the Intervention of the Inte	dinators will review esidents they are Director of Nursing. will be conducted ith updates from the d on the following attes will include ian orders from the e care plan and any ed to address changes will update the care rent physician orders that are appropriate to on their overall er members of the eam will review the oppriate interventions mysician orders ice identified by the erdisciplinary Team e action taken at time report, the eam will review rders and the 24 significant changes ould warrant a care	5/27/11

# DEPARTMENT OF HEALTH AND HU SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 280	dated April 10, 2011 feeding formula) 24 every 4 hours via P Gastrostomy) tube. physician telephone revealed "ST (Spe (evaluation) comple wks (three times pe Continue pt (patient mouth)"  Medical record revie April 6, 2011, revea accepted food relate in roomencourage meals, hydration pa needed)keep wate Observation on April 19, 2011, at 3:3 in the room with no Interview with Regis 2011, at 3:58 p.m., i office, confirmed the updated since the A address the NPO states 483.20(k)(3)(i) SERV PROFESSIONAL ST	1, revealed "Glucerna (tube 0 ml (milliliters) bolus feeding EG (Percutanous Endoscopic" Further review of the corder dated April 12, 2011, eech Therapy) evaluated. ST to Tx (treat) 3 x wk/4 ar week for four weeks) con NPO (nothing by evaluated led "encourage fluids with all ed activities and when visiting e po (by mouth) fluids with sses and prn (as er pitcher within reach"  1 18, 2011, at 12:25 p.m., and 55 p.m., revealed the resident food or water pitcher present.  Itered Nurse #2 on April 18, in the Minimum Data Set e care plan had not been pril 10, 2011, readmission to atus.	F 281		(s) will be eficient practice uality assurance lace:  ng/Assistant conduct mparing the nysician's ntinue weekly nthly tial 'rends, ntified will be ssurance quarterly  tion and/or rection does agreement by the facts orth of the his plan is	5/27/11
1	Based on medical re laboratory data revie review, and interview	cord review, observation, w, laboratory calendar r, the facility failed to	-			

### DEPARTMENT OF HEALTH AND HU PRINTED: 04/25/2011 1 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 445422 04/20/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ETOWAH HEALTH CARE CENTER 409 GRADY ROAD, PO BOX 957 **ETOWAH, TN 37331** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 281 Continued From page 7 F 281 administer a tube feeding as ordered by the 5/27/11 physician for one resident (#5); failed to clarify the physician laboratory order and failed to obtain laboratory studies as ordered by the physician for one resident (#11) of twenty residents reviewed. 281 What corrective action(s) will be The findings included: accomplished for those residents Resident #5 was admitted to the facility on found to have been affected by the November 5, 2010, and readmitted on April 10, deficient practice; 2011, with diagnoses including Atrial Fibrillation, The physician of Resident #5 was Chronic Obstructive Pulmonary Disease, notified on 4/18/2011 by the charge Bronchitis, Diabetes Mellitus, and Dysphagia. nurse/licensed practical nurse. A new order was obtained for Medical record review of a physician's order Gluderna 1.5 to be given as the dated April 10, 2011, revealed "...Glucerna (tube feeding formula) 240 ml (milliliters) bolus feeding bolus peg tube feeding to meet the every 4 hours via PEG (Percutanous Endoscopic nutritional requirements of the Gastrostomy) tube..." resident. A charge nurse notified the physician of Resident #11 on April Interview with Licensed Practical Nurse (LPN) #1 19, 2011 that the lab was not drawn on April 18, 2011, at 3:38 p.m., at the 100/200 and a clarification order was nursing station, confirmed the LPN administered received for the lab to be drawn on "...Glucerna 1.5 calorie since (LPN) got here April 22, 2011 and three months Saturday..." Further interview confirmed the LPN after obtaining the baseline labs. A had not followed the physician order to administer CMP, TSH, HgA1C was drawn on Glucerna. April 22, 2011 as ordered and the Interview with the Director of Nursing (DON), in physician was notified of the results. the DON's office, on April 18, 2011, at 3:40 p.m., The physician reviewed the results confirmed the facility had not followed the and gave no new orders. physician order to administer Glucerna. Interview with LPN #2, on April 19, 2011, at 8:41

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administer Glucerna.

a.m., at the 100/200 nursing station, confirmed the LPN had administered Glucerna 1.5 calorie formula on Friday. Further interview confirmed the LPN had failed to follow the physician order to

Event ID: TNDS11

Facility ID: TN5405

If continuation sheet Page 8 of 14

# DEPARTMENT OF HEALTH AND HU V SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN	OF CORRECTION	(AI) P	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		MULTIPLE ILDING	CONSTR	UCTION	(X3) DATE S COMPLI	
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ETOWA	H HEALTH CARE CE	NTER			409 0	RADY R	SS, CITY, STATE, ZIP CODE ROAD, PO BOX 957 N 37331		
(X4) ID	SUMMARY STA	TEMEN	T OF DEFICIENCIES	ID.			Man Astronomy		
PREFIX TAG	REGULATORY OR I	Y MUST I SC IDEN	BE PRECEDED BY FULL ITIFYING INFORMATION)	ID PREF TAG		(EACI	OVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHO -REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 281	Continued From pa	ige 7		E '	201				1 ,
	administer a tube fiphysician for one rephysician laborator laboratory studies a one resident (#11)  The findings include Resident #5 was at November 5, 2010, 2011, with diagnose Chronic Obstructive Bronchitis, Diabetes  Medical record revidated April 10, 2011 feeding formula) 24 every 4 hours via Pl Gastrostomy) tube  Interview with Licen on April 18, 2011, at nursing station, contimed the facility physician order to ad Interview with LPN # a.m., at the 100/200	eeding esident y order as order as order ed:  Imitted and resident in the esi inclusion of a large of the esi inclusion of a large of the esi inclusion of t	to the facility on eadmitted on April 10, and Dysphagia.  In physician's order aled "Glucerna (tube nilliliters) bolus feeding ercutanous Endoscopic actical Nurse (LPN) #1 o.m., at the 100/200 the LPN administered (LPN) got here iew confirmed the LPN cian order to administer of Nursing (DON), in 8, 2011, at 3:40 p.m., ot followed the er Glucerna.	F	i i i i i i i i i i i i i i i i i i i	resider be affe practic action Resider Resider feeding has the the sam Directo service that will correct feeding and the ab wor The in-s nclude ohysicia gainst t dminist feeding. outine I elephon esidents	vill you identify other its having the potentice ted by the same defice and what corrective will be taken. In the same or have orders for lab potential to be affected by the deficient practice. The of Nursing will proveducation on May 13, I include administering type and strength of a according to physicial importance of perform the according to MD order or the nurse managers will obtaining a date from an when the lab is to be the nurse managers will be mattered in the medication that it is order will be mattered as well as strength of a service of the characteristic orders for assigned as well as strength of the medication that it is order to check the medication that is orders and review the orders for assigned as for the past 60 days for the past 60 da	ial to icient re  o work ed by The ide in- 2011 g the tube n order ning ders. also the e rill dents ched	5/27/11
	the LPN had adminis formula on Friday. F the LPN had failed to administer Glucerna	urther follow	Glucerna 1.5 calorie interview confirmed the physician order to						

#### DEPARTMENT OF HEALTH AND HU **N SERVICES** PRINTED: 04/25/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445422 NAME OF PROVIDER OR SUPPLIER 04/20/2011 STREET ADDRESS, CITY, STATE, ZIP CODE **ETOWAH HEALTH CARE CENTER** 409 GRADY ROAD, PO BOX 957 **ETOWAH, TN 37331** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 Continued From page 8 F 281 5/27/11 What measures will be put into place or what systemic changes Resident #11 was admitted to the facility on you will make to ensure that the February 1, 2011, with diagnoses including Atrial deficient practice does not recur: Fibrillation, Congestive Heart Failure, Stage III 1. The Director of Nursing will Chronic Renal Failure, and Diabetes Mellitus. provide in-service education on May Medical record review of a physician's telephone 13, 2011 to the licensed staff on the order dated March 24, 2011, revealed "...lipid importance of administering a tube profile + (and) CMP (Comprehensive Metabolic feeding per physician's order and Profile) q (every) 6 mo (months)...Digoxin level q obtaining a date the doctor wants the 6 mo...TSH (Thyroid Stimulating Hormone) yrly lab work done with the original (yearly)...HgbA1C (measure blood glucose level order. A post-test will be given after over three month period) q 3 mo..." the in-service to promote Medical record review of the laboratory (lab) data competency. revealed no lab results for March 24, 2011. 2. New licensed employees will receive education on administering Medical record review of the "Lab Calendar" tube feeding correctly according to revealed on May 6, 2011 PT/INR, BMP, CBC, order/strength and obtaining lab Lipid profile, CMP, Digoxin level, TSH and work orders with the date the HgbA1C were scheduled to be drawn. physician wants the lab work done during their orientation period. Interview with Licensed Practical Nurse (LPN) #3 3. A hurse manager will maintain a on April 19, 2011, beginning at 3:18 p.m., in the

should have called the doctor to clarify (the order)..." Further interview confirmed no labs had been drawn based on the March 24, 2011, telephone order. Interview with the DON, in the Social Service

Director of Nursing's office, with the Director of Nursing present, confirmed LPN #3 "...took it on

myself to schedule (the lab) on May 6, 2011, and

office, April 20, 2011, at 8:15 a.m., confirmed the facility had not followed the March 24, 2011, physician order. Further interview and record review of a phone order dated April 19, 2011, confirmed the physician reordered the labs to be

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Event ID: TNDS11

Facility ID: TN5405

If continuation sheet Page 9 of 14

lab flow sheet for assigned residents

that will include when the lab order

drawn, and any follow up required

Telephone orders will be reviewed by the nurse managers and added to

after physician notification has been

was received, when the lab was

made aware of the lab results.

the flow sheet for follow-up.

### DEPARTMENT OF HEALTH AND HU PRINTED: 04/25/2011 **V SERVICES** CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445422 04/20/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ETOWAH HEALTH CARE CENTER** 409 GRADY ROAD, PO BOX 957 **ETOWAH, TN 37331** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 Continued From page 8 F 281 5/27/11 4. The Nurse managers will check Resident #11 was admitted to the facility on physician's orders each month with February 1, 2011, with diagnoses including Atrial the medication administration Fibrillation, Congestive Heart Failure, Stage III record to verify that correct tube Chronic Renal Failure, and Diabetes Mellitus. feeding is being administered. Medical record review of a physician's telephone order dated March 24, 2011, revealed "...lipid How the corrective action(s) will profile + (and) CMP (Comprehensive Metabolic be monitored to ensure the Profile) q (every) 6 mo (months)...Digoxin level q deficient practice will not recur, 6 mo...TSH (Thyroid Stimulating Hormone) yrly i.e., what quality assurance (yearly)...HgbA1C (measure blood glucose level program will be put into place: over three month period) q 3 mo..." The Director of Nursing/Assistant Medical record review of the laboratory (lab) data Director of Nursing will perform revealed no lab results for March 24, 2011. random weekly audits of tube feeding orders and completion of Medical record review of the "Lab Calendar" ordered lab work. Audits will revealed on May 6, 2011 PT/INR, BMP, CBC, continue weekly times one month Lipid profile, CMP, Digoxin level, TSH and then will be done monthly or until HgbA1C were scheduled to be drawn. substantial compliance is reached. Trends, patterns, or problems Interview with Licensed Practical Nurse (LPN) #3 identified will be reviewed in the on April 19, 2011, beginning at 3:18 p.m., in the Quality Assurance meeting held at Director of Nursing's office, with the Director of Nursing present, confirmed LPN #3 "...took it on least on a quarterly basis. myself to schedule (the lab) on May 6, 2011, and should have called the doctor to clarify (the **DISCLAIMER:** "Preparation and/or execution of this plan of correction does order)..." Further interview confirmed no labs had been drawn based on the March 24, 2011, not constitute admission or agreement by the provider of the truth of the facts telephone order. alleged or conclusions set forth of the statement of deficiencies. This plan is Interview with the DON, in the Social Service prepared and/or executed solely because

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office, April 20, 2011, at 8:15 a.m., confirmed the

confirmed the physician reordered the labs to be

facility had not followed the March 24, 2011, physician order. Further interview and record review of a phone order dated April 19, 2011,

Event ID: TNDS11

Facility ID: TN5405

it is required."

Administrator

If continuation sheet Page 9 of 14

### DEPARTMENT OF HEALTH AND HU. I SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN	OF CORRECTION	(X1) PROVI IDENTI	IDER/SUPPLIER/CLIA IFICATION NUMBER:		MULTIP ILDING		STRUCTION	(X3) DATE S COMPL	
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	drawn on April 22, 2 483.25(d) NO CATH RESTORE BLADDI  Based on the reside assessment, the fact resident who enters indwelling catheter i resident's clinical co- catheterization was	ent's compeliate must the facility must the facility must the facility must so not cathodition dencessand bladder ces to prestore as must be and intervindividuality twenty results to ses include Kidney ongestive wof the March 24.	prehensive ensure that a sy without an eleterized unless the emonstrates that sy; and a resident receives appropriate vent urinary tract nuch normal bladder met as evidenced ew, review of facility riew, the facility zed toileting plan for sidents reviewed.  The facility on March ading Fractured Disease, eleart Failure.  Minimum Data Set ed the resident was	F;	281	Resident state of the state of	at corrective action(s) omplished for those resident to have been affected cient practice; ident # 2 was placed on a vidualized toileting proged on her incontinence assment on April 29, 201 we you will identify other dents having the potent ffected by the same defected by the same defected and what correction will be taken.  Intinent residents have the milliant to be affected by the same defected by the intinent practice. The Directing will provide in-servitation on May 13, 2011 to sed staff on the important lishing a bladder manager am for each resident basition, incontinence pattentinence supplies needed individual resident. The interest will reassess income ents for the need of an idualized toileting programming programming the programming programming in the programming programming in the programming programming in the programming programming in the programming progr	idents d by the  an ram  l rial to icient re e same for of ce of the ince of ement sed on rn, and for nurse inent	Slanlı

# DEPARTMENT OF HEALTH AND HU SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRI	UCTION	(X3) DATE S COMPL	
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ETOWA	PROVIDER OR SUPPLIER H HEALTH CARE CEN		4	REET ADDRES 109 GRADY R	SS, CITY, STATE, ZIP COI OAD, PO BOX 957 N 37331		20/2011
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55=D	drawn on April 22, 2 483.25(d) NO CATH RESTORE BLADD Based on the reside assessment, the face resident who enters indwelling catheter is resident's clinical co- catheterization was who is incontinent of treatment and service infections and to residention as possible  This REQUIREMENT by: Based on medical re policy, observation, a failed to provide an if one (#2) resident of  The findings included Resident #2 was adr 24, 2011, with diagnor Right Femur, Chronic Hypertension, and Co Medical record review dated March 30, 201 always incontinent of Medical record review Assessment dated M	2011, and then as specified. HETER, PREVENT UTI, ER ent's comprehensive cility must ensure that a the facility without an is not catheterized unless the indition demonstrates that necessary; and a resident f bladder receives appropriate ces to prevent urinary tract store as much normal bladder  IT is not met as evidenced ecord review, review of facility and interview, the facility and interview, the facility ndividualized toileting plan for twenty residents reviewed.  d: mitted to the facility on March coses including Fractured c Kidney Disease, ongestive Heart Failure.  W of the Minimum Data Set 1, revealed the resident was	F 281	place o you will deficien  1. The D in-service the licent establish program condition incontine individual given after competer 2. New liteducation bladder morientation 3. Upon a will compassessment assessment plan will and added 4. If a resin condition assessment licensed morientation and added the condition and the condi	measures will be por what systemic coll make to ensure and practice does not practice and staff on the imposing a bladder manage for each resident basen, incontinence patternotes supplied needed all resident. A post tear the in-service to preservice to preserve the service of the property of the preservice of the pre	hanges that the ot recur:  fill provide 13, 2011 to ortance of ement sed on rn, and I for each est will be romote  fill receive g and heir  I nurse adder alts of the toileting e resident e. ont change adder a lalized olished for	2/34/11

#### DEPARTMENT OF HEALTH AND HU PRINTED: 04/25/2011 1 SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445422 04/20/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **ETOWAH HEALTH CARE CENTER** 409 GRADY ROAD, PO BOX 957 **ETOWAH, TN 37331** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PRFFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 315 Continued From page 10 F 315 5/27/11 Review of facility policy, Bladder Management 5. The nurse mangers will maintain an (Training) Program, revealed "...Observe and incontinence log of the assigned record the present voiding pattern to establish a resident indicating the date the definite schedule. This should be done for two to assessment was completed and what three weeks or longer, if necessary, to establish a interventions were put into place. The pattern...When usual voiding times have been resident's response to the program will established, arrange for resident to void one-half be documented on the incontinence log. hour prior to his/her established time...Record all and interventions will be added to the results and incorporate the individual program in care plan. the resident care plan..." How the corrective action(s) will Observation on April 18, 2011, at 3:35 p.m., be monitored to ensure the revealed the resident seated in a wheelchair in deficient practice will not recur, the dining room. . i.e., what quality assurance program will be put into place: Interview on April 20, 2011, at 10:00 a.m., with RN (Registered Nurse) #1, at the nursing station, The Director of Nursing/Assistant confirmed an individualized toileting plan had not Director of Nursing will perform been established for the resident. random weekly audits of the incontinence log and current Interview on April 20, 2011, at 10:15 a.m., with residents on bladder management. CNA (certified nursing assistant) #1 and CNA #2 The audits will continue weekly (assigned to the resident's hall) confirmed the times one month then will be CNA's offer to toilet the resident every two hours, conducted monthly until substantial but not on a specific schedule. compliance has been reached. F 371 483.35(i) FOOD PROCURE. F 371 Results of the audits will be STORE/PREPARE/SERVE - SANITARY SS=F reviewed at the Quality Assurance The facility must meeting that is held at least (1) Procure food from sources approved or quarterly. considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TNDS11

Facility ID: TN5405

If continuation sheet Page 11 of 14

# DEPARTMENT OF HEALTH AND HU VISERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	This REQUIREME by: Based on observat manufacturer's tem review, and intervied dishes at 140 degramaintain sanitary of the pot and pan are. The findings include Observation on Aprilian CDM) present, revoperation. Further of dietary staff members side of the machine revealed the emplopushed a dirty rack and the machine by pushing the machine. Further observation revealed the machine. Further observation to the dirty side of the machine to the dirty side of the racks with dirty dish revealed the employ opening the machin clean rack to eject to removing soiled glowthe clean racks onto the clean racks onto	tion, disperature, the rees Facondition eas.  Idea:  Idea:	are recommendation facility failed to wash shrenheit; and failed to wash shrenheit; and failed to was in the dish room and are also and the dish machine was in ation revealed one wing the dirty and clean ther observation bened the dish machine in contact with the clean machine. Further two clean racks of a were ejected from the lirty racks of dishes into ervation revealed the hine door, went to the without removing a hands, and lifted the ip of the drain board. Itel the employee went chine and filled two urther observation beated the process of hing a dirty rack into a land dishes, and without dishes, and without dishes, and without dishes into a land dishes into a	F	ti con the control of	Admi  F 37  Wh  be accepted was been placed and the managemachic and the managemachic and the managemachic and remachic an	CLAIMER: "Preparation an ution of this plan of correctio onstitute admission or agreer rovider of the truth of the face of conclusions set forth of ment of deficiencies. This planed and/or executed solely brequired."	n does ment by cts the n is recause    5/2/   Date   will element     the achine     s and the achine     s into     vash     shes     m the by     nd	2 30/11

# DEPARTMENT OF HEALTH AND HU N SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 371	two cycles of the distemperatures of 13: (F).  Review of the dish recommendations, machine, revealed temperature recommendations, machine, revealed temperature recommendations, machine, revealed temperature recommends.  Interview on April 18 dietary employee with dietary employee with the Confirmed the wash cycles of the dish manufacturer's recommender working in dirty rack of dishes in two cycles of the machine washed their hands dishes onto the drain machine.  Observation on April revealed a large black with debris built-up opointed at the clean board of the three coordinated the large blowing directly at the construction of the distance of the three coordinates.	sh machine revealed wash 2 and 136 degrees Fahrenheit machine manufacturer's posted onto the body of the the wash and rinse mendation was 140 degrees as, 2011, at 1:20 p.m., with the orking the dish machine, in the the dish machine had been in st twenty minutes.  CDM, on April 18, 2011, temperatures of the two achine were below the mmended 140 degrees F. Infirmed the dietary staff the dish room had pushed the nto the clean rack of dishes in achine. Further interview y staff member working in the emoved the soiled gloves and before lifting the clean rack of in board lip in two cycles of the last 2011, at 1:12 p.m., on the grate and blades pot and pans on the drain	F	re to de co . Al affi pra die ma im pro ma the har and dis aid by pla	be affected by the sefficient practice and rective action will residents have the posected by the same definition. Education was getary employee by the changer on 4/19/2011 or portance of checking for temperature of the chine prior to putting a machine and the neededs between adding did removing clean disher chine; The dish machine up to 140 degrees thes were rewashed by dishwasher. The fan with dietary aid on 4/19 deed on a weekly cleanine edule by the Dietary Medical control of the chine in the dietary aid on 4/19 deed on a weekly cleanine edule by the Dietary Medical control of the dietary aid on 4/19 deed on a weekly cleanine edule by the Dietary Medical control of the dietary Medical control of the dietary Medical control of the dietary aid on 4/19 deed on a weekly cleanine edule by the Dietary Medical control of the dietary Medical control of the dietary Medical control of the dietary aid on 4/19 deed on a weekly cleanine edule by the Dietary Medical control of the dietary aid on 4/19 deed on a weekly cleanine edule by the Dietary Medical control of the dietary M	potential same I what be taken.  I to be licient given to the dietary in the for the dishs into I to wash rty dishes les from the line was s and the the dietary was cleaned I/2011 and ling	5/an/11

## DEPARTMENT OF HEALTH AND HL N SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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ETOWAI	PROVIDER OR SUPPLIER	C (5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1	4	EEET ADDRESS, CITY, STATE, ZIP C 09 GRADY ROAD, PO BOX 957 TOWAH, TN 37331		20/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 371	Further observation revealed the grate debris.  Interview on April 1 CDM, by the three the large black fan build-up of debris a	and blades had a build-up of  9, 2011, at 8:27 a.m., with the compartment sink, confirmed grate and blades had a nd was blowing directly onto pans in the three compartment	F 371	What measures will I place or what system you will make to ensu the deficient practice recur:  1. The Dietary Manage in-service education to dietary employees on 4. The in-service education included checking the machine temperature padding dishes to make at least 140 degrees, must the machine throughout washing cycle to make 140 degrees is maintain throughout the washing and the need for hand we between putting dirty duthrough the machine and clean dishes out of the In-service education also included completing the machine temperature lo each use, the importance washing hands between dirty and clean dishes, a new cleaning schedule than.	ic changes are that does not er provided of the 4/20/2011. On dish prior to sure it is conitoring at the sure that need g cycle, washing ishes ad pulling machine. So e dish og prior to be of a touching and the	2/27/11	

PRINTED: 04/27/2011 FORM APPROVED

Division of Health Care Fac	cilities					FORM	APPRO\
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER  TN5405		PLIER/CLIA NUMBER:	(X2) MULTI A. BUILDIN B. WING _	G _	TRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, :	STATE ZIE	CODE	04/2	20/2011
ETOWAH HEALTH CARE CE	NTER	409 GRAI	DY ROAD, P , TN 37331				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIEN Y MUST BE PRECEDED LSC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	(E	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO SS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLI DATE
An annual survey a #27025 and #2788 18-20, 2011. No de Chapter 1200-8-6,	<ol> <li>Were completed eficiencies were cit</li> </ol>	l on April ed under		recei orien temp the in degree cycle schee 3. The dishwof the logge dish received will no maint	ew dietary employees we education during the tation period on require eratures for the dish man portance of maintaining the throughout the wash, hand washing, and cle lules for the fan. The dietary aid assigned to washer will log the temperature of 140 es has been checked and, dishes will be placed machine. During the washing cycle, the dietary take sure the machine ains the temperature of es until the washing cycle.	ir ed chine, ag 140 ing aning be the erature ach use. d in the y aid	2   2
				on the fails to the wantify	leted. In the event the crature is less than 140 de initial temperature che maintain 140 degrees ash cycle, the dietary aid the dietary manager alche maintenance supervisi	ck or during d will ong	
sion of Health Care Facilities							
SORATORY DIRECTOR'S OR BROWN	ED/CLIDDLIED DEDE				TITLE		(X6) DATE
SORATORY DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESI	ENTATIVE'S SIGNA	ATURE				
ATE FORM		689	9 TN	DS11		If continuat	ion sheet 1

If continuation sheet 1 of 1

Division of Health Care Fac	cilities					FOR	M APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU  TN5405	ER/CLIA JMBER:	(X2) MULTI A. BUILDIN B. WING	G	TRUCTION	COME	E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	STATE ZID	CODE	04	/20/2011
ETOWAH HEALTH CARE CE	NTER	409 GRAD	Y ROAD, P TN 37331	70			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ EIII I	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF CORRE ACH CORRECTIVE ACTION SH SS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
#27025 and #2788 18-20, 2011. No de	and complaint investi 8, were completed of eficiencies were cited Standards for Nursin	n April under		perfo times log ar tempe month will be month comp Dieta tempe check include hand the far 5. Any correct discov	y deficient practice will ctive action taken at time very. The corrective action(s) we pred to ensure the defici- ce will not recur, i.e., who y assurance program wi	east 5 rature one checks r two e the indom l also inployee iness of l have ine of	
				The Di audit lo Probler Quality	to place: detary Manager will review ogs for any trends or pattern areas will be reviewed a Assurance meeting held uarterly basis.	erns.	
ision of Health Care Facilities						5H	
BORATORY DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESFNT	ATIVE'S SIGNA	TURE		TITLE		(X6) DATE
ATE FORM		6890	· JILL				

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